



Non-Income Earner Supplementary Questionnaire (Q42)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Financial Questions

1. What is the purpose of this insurance?

Personal / Family protection Residential loan Others, please specify: _____

2. Details of spouse's insurance cover (including existing pending and inforce policies):

Name of Insurer	Type of Insurance	Sum Assured (S\$)	Year Issued

3. Please provide spouse's occupation: _____

4. Please provide spouse's annual income: S\$ _____

5. Please provide spouse's approximate total value of:

(a) Assets: S\$ _____

(b) Liabilities: S\$ _____

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our financials and/or health status between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)